# FORM D



# 387876 UNITED STATES SECURITIES AND EXCHANGE COMMISS

Washington, D.C. 20549

# FORM D NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION .

		OMB	APP	ROVAL
--	--	-----	-----	-------

3235-0076 OMB Number:

April 30, 2008 Expires:

Estimated average burden hours per response......1.00

SEC USE ONLY			
Prefix	Serial		
DATE RECEIVED			

Name of Offering:    (check if this is an amendment and name has changed, and indicate change.)  VICI SBI LLC UNITS  Filing Under (Check box(es) that apply):    Rule 504    Rule 505    Rule 506    Section 4(6)    Rule 506    Rule 506    Section 4(6)    Rule 506    Section 4(6)    Rule 506    Section 4(6)    Rule 506    Rule 506    Section 4(6)    Rule 506    Rule 506    Rule 506    Rule 506    Section 4(6)    Rule 506    Rule						
Filing Under (Check box(es) that apply):	Name of Offering: (check if this is an amendment and name has changed, and indicate change.)					
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer.  Name of Issuer:  (check if this is an amendment and name has changed, and indicate change.)  VICI SBI LLC  Address of Executive Offices  (Number and Street, City, State, Zip Code)  502 Pleasant Valley Road, Moorestown, NJ 08057  Address of Principal Business Operations  (Number and Street, City, State, Zip Code)  Gif different from Executive Offices)  Brief Description of Business  Investment  Type of Business Organization:  Imited partnership, already formed  other (please specify): Limited Liability Company THOMSON	VICI SBI LLC UNITS					
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer.  Name of Issuer:  (check if this is an amendment and name has changed, and indicate change.)  VICI SBI LLC  Address of Executive Offices  (Number and Street, City, State, Zip Code)  502 Pleasant Valley Road, Moorestown, NJ 08057  Address of Principal Business Operations  (Number and Street, City, State, Zip Code)  Gif different from Executive Offices)  Brief Description of Business  Investment  Type of Business Organization:  Imited partnership, already formed  other (please specify): Limited Liability Company THOMSON	Filing Under (Check box(es) that apply):   Rule 504 Rule 505 Rule 506 Section 4(6). ULOE					
1. Enter the information requested about the issuer.  Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)  VICI SBI LLC  Address of Executive Offices (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Brief Description of Business  Investment  Type of Business Organization:    Corporation   Imited partnership, already formed   Other (please specify): Limited Liability Company THOMSON	type of times.					
Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)  VICI SBI LLC  Address of Executive Offices (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Brief Description of Business Investment  Type of Business Organization:    Corporation   Imited partnership, already formed   Other (please specify): Limited Liability Company THOMSON	A. DASIC IDENTIFICATION DATA					
Address of Executive Offices  Address of Executive Offices  S02 Pleasant Valley Road, Moorestown, NJ 08057  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business Investment  Type of Business Organization:  Corporation  Imited partnership, already formed  Timited Liability Company THOMSON  Telephone Number (Including Area Code)	1. Enter the information requested about the issuer.					
Address of Executive Offices 502 Pleasant Valley Road, Moorestown, NJ 08057  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business Investment  Type of Business Organization:    Corporation   Imited partnership, already formed   Other (please specify): Limited Liability Company THOMSON	Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)					
Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business Investment  Type of Business Organization:    Corporation   Imited partnership, already formed   Other (please specify): Limited Liability Company THOMSON	VICI SBI LLC					
Address of Principal Business Operations (if different from Executive Offices)    Telephone Number (Including Area Code)	Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)					
Brief Description of Business Investment  Type of Business Organization:    Corporation   Imited partnership, already formed   Souther (please specify): Limited Liability Company THOMSON	502 Pleasant Valley Road, Moorestown, NJ 08057 (480) 272-3529					
Brief Description of Business Investment  Type of Business Organization:    Corporation   Imited partnership, already formed   Other (please specify): Limited Liability Company THOMSON						
Brief Description of Business Investment  Type of Business Organization:    Corporation	(if different from Executive Offices)					
Type of Business Organization:    Corporation   Dimited partnership, already formed   Other (please specify): Limited Liability Company THOMSON	PROCESSED					
Type of Business Organization:  Corporation  I limited partnership, already formed  Thomson	Brief Description of Business					
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): Limited Liability Company THOMSON	Investment					
THOMSON	Type of Business Organization:					
	☐ corporation ☐ limited partnership, already formed ☐ other (please specify): Limited Liability Company					
Month Year						
Actual or Estimated Date of Incorporation or Organization:	Actual or Estimated Date of Incorporation or Organization:					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction)						

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	American Agricultural Community of the C		-A. BASIG IDEN	TIFICATION DATA	The state of the s	The first control of the control of	
2.	Enter the information requ	uested for the fol	llowing:		,	<del>.</del>	
	Each promoter of the issuer, if the issuer has been organized within the past five years;						
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the						
	<ul> <li>issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>						
				orporate general and man	aging partners of	or partnership issuers; and	
	Each general and man		<del></del>	Executive Officer	Director	☐ General and/or Managing Partner	
	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	Ocheral and of Managing Farther	
	Name (Last name first, if in						
	Cl Capital Management LLC siness or Residence Address		root City State Zin Code	<u> </u>			
	2 Pleasant Valley Road, Moo			,			
	eck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
	I Name (Last name first, if in						
	lbertson, John	iorvicciii)					
	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)			
	2 Pleasant Valley Road, Moo	•	· · · · · · · · · · · · · · · · · · ·				
Che	eck Box(es) that Apply:	☑ Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner	
	Name (Last name first, if in	ndividual)			_		
	Ninch, Michael	,					
Bus	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)		<del></del>	
502	2 Pleasant Valley Road, Moo	restown, NJ 080	57				
Che	eck Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
	Il Name (Last name first, if in e Edson Companies, LLC	idividual)					
Bus	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)			
502	Pleasant Valley Road, Moo	restown, NJ 080		<u></u>			
	eck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
	II Name (Last name first, if in evens, David	idividual)					
	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)			
	2 Pleasant Valley Road, Moo			·			
Che	eck Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner	
Ful	I Name (Last name first, if in	idividual)					
-	ritas Ventures, LLC						
	siness or Residence Address 2 Pleasant Valley Road, Moo			)			
Che	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner	
Ful	Il Name (Last name first, if in	idividual)					
Bus	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)			
Che	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner	
	ll Name (Last name first, if in	idividual)					
Bu	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)	•		
Che	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner	
	Il Name (Last name first, if in						
Bu	siness or Residence Address	(Number and St	reet, City, State, Zip Code	)			
			<del></del>				

B. INFORMATION ABOUT OFFERING	All a languages and a series
	Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	
a positive of the control of the con	Yes No . ⊠ □
<ul> <li>3. Does the offering permit joint ownership of a single unit?</li> <li>4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or</li> </ul>	
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is	an
associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or	
dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	on N/A
Full Name (Last name first, if individual)	
Tult Name (Last fame first, it mulvidual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Dustiness of recondition (realised and strong engly state) = p = s = s,	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<u> </u>
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Tun rame (220) name man, it morrows,	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<b>—</b>
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Delta Delta Olivia del Como Cina Conta Tin Conta	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
Name of Associated broker of Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RLL [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

*	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	The second secon
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 0	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$ 0	\$0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify LLC UNITS )	\$ 808,500	\$ 808,500
	Total	\$ 808,500	\$ 808,500
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$ 808,500
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	_	\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) professional fees, management fees, administrative expenses	_	\$ 58,500
	Total	F71	\$
	b. Enter the difference between the aggregate offering price given in response to Part C - Question		
	expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross pr		\$ 750,000

E, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	And the same of th
	Payments to Officers, Directors, and Affiliates	Payments to Others
	<u> </u>	<u> </u>
	<u>\$</u>	<u> </u>
on of machinery and equipment	<u> </u>	<u> </u>
s and facilities	<b>\$</b>	<u> </u>
g the value of securities involved in this r the assets or securities of another issuer	<u> </u>	<b>№</b> \$ 750,000
	<u> </u>	<u> </u>
	<b>\$</b>	× <u>*</u>
	<b>\$</b>	<u> </u>
	🔲 💲	<b>■</b> \$ 750,000
ded)	🛛 \$7	<u>50,000</u>
	·	
D. FEDERAL SIGNATURE		
o furnish to the U.S. Securities and Exchange Com-	mission, upon written request	i, the following of its staff, the
Signature	Date	<del> </del>
Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·
1		
	ss proceeds to the issuer used or proposed to be use t for any purpose is not known, furnish an estimate The total of the payments listed must equal the in response to Part C - Question 4.b above.  on of machinery and equipment	Payments to Officers, Directors, and Affiliates  s and facilities  g the value of securities involved in this r the assets or securities of another issuer  D. FEDERAL SIGNATURE  by the undersigned duly authorized person. If this notice if filed under Rule 505 of furnish to the U.S. Securities and Exchange Commission, upon written request redited investor pursuant to paragraph (b)(2) of Rule 502.  Signature  Date January /3, 2007  Title of Signer (Print or Type)